FSA-669A	FSA-669A (03-24-10) Page 2 FSA-669A		U.S. DEPARTMENT OF AGRICULTURE		Form Approved - OMB No. 0580-0229
33	NON	INATION FORM	N FOR COUN	NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION	
1. NAME O	1. NAME OF NOMINEE (Type or Plut Morninge's Full Name)	ut Nominee's Full Nam		TO BE COMPLETED BY COUNTY FSA OFFICE	FSA OFFICE
				4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	ID DATE RECEIVED
2 ADDRES	ADDRESS OF NOMINEE			5 COUNTY Clark (Lower Columbia Area)	
				E LAA #2 (Skamarita) 7. STATE	RA
3. NOMINE	NOMINEE'S CERTIFICATION:			8. NOMINATOR'S CERTIFICATION:	
Harreby a	Thereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.	laced on the ballot, the f interest, I will resign	at I will serve of such position.	If this nomination is by other than self, the following eligible voter or representative of a community based organization hereby nominates the	g eligible voter or sereby nominates the
COG1	IDO want to witness the setting of tied votes with another nominee. IDO NOT want to witness the setting of field votes with another nominee.	g of tied votes with and settling of field votes wi	other recovinee. Ot amother recovinee.	giore-name il person to be a continuote at the next County Fox Commune election for the county.	OMITY FAM COMMITTEE
3A SIGNA	3A. SIGNATURE OF NOMINEE		38. DATE	8A. SIGNATURE OF NOMINATOR	8B. DATE
Chack	Chack here if nominee is a write-in candidate	write-in candidata	•	(If the individual is self nominating, no signature is required)	afure is required).
- Control	and a second of the second	D Commission of the Commission	TO BE COMPLET	TO BE COMPLETED BY NOMINEE	
VOLUNTA to monitor origin, religions. This in	RY INFORMATION F FSA's compliance wit jon, sex, marital statu- iformation will not be u	OR MONITORING P 1 federal laws prohib 5, handicapped cond 5, sed in evaluating you	URPOSES: The fi ting discrimination tition, or age. You ar nomination or to	VOLUNTARY INFORMATION FOR MONITORING PURPOSES: The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.	Sovernment in order ; color, national e encouraged to do
ETHNICITY		RACE (Choose a	RACE (Choose as many boxes as applicable)	icable)	GENDER
□□ Hispa	Hispanic or Latino Not Hispanic or Latino	American in Asian White	American Indian or Alaska Native Asian White	Black or African-American Native Hawaiian or Other Pacific Islander	Male Female
Complete	Complete the form as follows	INSTRUCT	IONS FOR CO	INSTRUCTIONS FOR COMPLETING THIS FORM	
ITEM 1	Type or Print the nominee's full name. The nominee must be	nee's full name. The	nominee must be		
	A. Eligible to vote in the design of th	Eligible to vote in the designated County FSA Committee election Eligible to hold the affice of County FSA Committee member. Willing to serve if elected.	ounty FSA Commit FSA Committee m	ee election. ember	
ITEM 2	Enter the nominee's current address	urrent address.			
ITEM 3	The nominee must of	eck one of the boxes	to indicate a prefe	The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.	
ITEMS 3A &3B		The nominee must sign and date.			
ITEMS 8A & 8B		The nominator must sign and date.		(If the individual is self nominating, no signature is required.)	
R WELL	Completing this item is voluntary.	s voluntary.			
	ALL FORMS MUS	T BE RECEIVED I	N THE COUNTY	ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 2, 2010.	2, 2010.
NOTE	The following statement is in form is the Food. Conservat The information collected or their authoritied access to Personnel Records. USDAN ineligibility for isomiration for	ade in accordance with the on, and linergy Act of 200. that form may be decision to information by platities selection to the County FS.	i Piruscy Act of 1974 (5 8 p ² ub, L. 110-248). The 3 to other Federal. State regulation and/or as de- sted information is volu- 4 Committee.	The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552s - as amended). The authority for requesting the information identified on this form is the Root. Conservation, and Swepy Act of 2005 (Fu.). L. 170-260. The information will be used to obtain normness for electric to the County FCA Committee. The attenuation obtained to information to indicated to information obtained to information and interfedent all state. Local povernment algorities. If The algorities, and propositions are stated at that twice there authorities decreas to the information by statute or regulation and/or as described in applicable Roadine Uses identified in the System of Resorts fixther for County Removed Resorts. USEA/FCEA/6. Providing the requested information of reference in the County for committee.	vmeton identified on this County FSA Committee methor antifies that fevre leanes frishe for County result in a determination of
	According to the Paperwork it displays a velid OMB conti- collection is astimated to aw- data needed, and completin	Reduction Act of 1995, an of number. The valid OMB rage 10 minutes per response and reviewing the collect	agency may not conduct control number for this rose, including the time to on of information. The p	According to the Paperwick Reduction Act of 1925, an agency may not conduct or aponable, and a person is not required to respond to, a collection of information wisess it displays a vaid CNBI control number. The vaid CNBI control number for this information collection is 0500-0220. The time required to comprise this information collection is 0500-0220. The time required to comprise this information collection is definited to average 0 minutes per supposes, or cultidary that time for reviewing statustions, assenting validing data number, applicating and maintaining the older reviewing and reviewing the collection of information. The provisions of appropriate command and cust fearly private, and other delates may be	critio of information unless siete this information entity and maintaining the her ateriates may be







Agricultural Services Farm and Foreign

Lower Columbia Area FSA 11104 NE 149 St. Bidg C Ste. 500 Brush Prairie, WA 98606-9518

May 2010

Dear Producer

County Committee. FSA county committees are a unique arrangement that allow local guidance for federal farm programs. These committees are a direct link between the farm community and the U.S. Department of Agriculture You are encouraged to nominate yourself or someone else to represent your interests on the Farm Service Agency producers. Committee members are compensated for their time and travel related to county committee duties Committee members are a critical component of ensuring FSA agricultural programs serve the needs of local

The duties of county FSA committee members include:

- Monitoring changes in farm programs and assisting with delivery of FSA farm programs at the local level informing farmers of the purpose and provisions of FSA programs.
- Participating in county meetings and hearing producer appeals at the local county level
- Notifying the State FSA Committee of LAA conditions.
- Performing other duties as assigned by the State FSA Committee.

description or a copy of the LAA map. LAA #3 encompasses all of Skamania County. Please feet free to call the County Office for a more detailed This year, nominations are for a committee member to represent producers in Local Administrative Area (LAA) #3

To hold office as a county committee member, a person must meet the basic eligibility requirements described

- Actively participate in the operation of a farm or ranch
- Be eligible to vote in a county committee election. (Be of legal voting age and have an interest in a farm or ranch; not of legal voting age but supervises and conducts farming operations on an entire farm;
- participates in any FSA program.)
 Reside in the LAA in which the person is a candidate

signature and date. For detailed instructions on completing the nomination form or requesting a form, please contact your local county FSA office, or refer to the website http://www.fsa.usda.gov/wa. willingness to have their name placed on the ballot and agree to serve if elected. Item 8A reflects the nominator's Each form submitted must be limited to one nominee and signed and dated by the nominee (Item 3A) to indicate a The nomination form FSA-669A allows individuals to nominate themselves or any other person as a candidate

FSA address listed at the top of this letter and should be returned, delivered, or postmarked no later than August 2, The deadline for nominations is August 2, 2010. Completed nomination forms are to be submitted to the county

Sincerely,

Clark-Cowlitz-Skamania-Wahkiakum Counties County Executive Director /s / Taylor Murray

"The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotapes, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



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May 2010

LOWER COLUMBIA AREA FSA

Lower Columbia Area Farm Service Agency

11104 NE 149th Street, Bldg C Suite 500 Brush Prairie, WA 98606-9518 Phone: (360) 883-1987 Fax: (360) 885-2284

Office Hours

Monday – Friday 8:00 AM – 4:30 PM

Office Staff

Taylor Murray, CED Wes Taylor, PT

Area Committees

George Thoeny, Chair Ken Bajema, Vice Chair Gary Boldt, Member Joe Shulke, Member Gordon Calvert, Member Carol Hoffman, Advisor

Important Dates to Remember

May 31

Memorial Day office closed

June 1

DCP/ACRE signup ends

June 30

Crop reporting deadline

July 15

ACRE production report deadline



2010 DCP/ACRE Signup

Producers operating farms with crop acreage bases established under the Direct and Counter-cyclical Payment Program (DCP) may sign up for the 2010 program at this time. The DCP signup period ends on **June 1, 2010**. Late-filed applications cannot be accepted.

For 2010, producers may request advance direct payments based on 22 percent of the direct payment.

USDA urges producers to make use of the eDCP automated website to sign up, or producers can visit any FSA office to complete their 2010 DCP contract. Please call to schedule an appointment.

Acreage Reporting Deadline

The acreage reporting deadline for most programs is **June 30, 2010**. Filing an accurate acreage report for all crops and land uses, including failed acreage and prevented planting acreage, can prevent the loss of benefits for a variety of programs.

Failed acreage must be reported within 15 days of the disaster event and before disposition of the crop. Prevented planting must be reported no later than 15 days after the final planting date. Acreage reports are required for many FSA programs. For crops other than NAP (Noninsured Crop Disaster Assistance Program) crops, acreage reports are to be certified by the **June 30, 2010**.

Acreage reports on crops for which NAP assistance may be paid are due in the county office by the earliest of these two options: 1) June 30, 2010, or 2) 15 calendar days before the onset of harvest or grazing of the specific crop acreage being reported.

CREP Adds Flexibility

The Conservation Reserve Enhancement Program (CREP) now offers additional conservation practices and provides for additional lands to be eligible. CREP is a national voluntary program that in Washington improves habitat and water quality in salmon streams. Land enrolled in 10-15 year CREP contracts is removed from agricultural production and grazing. In return, producers receive annual rental payments, contract signing incentives and financial incentives of nearly 100 percent reimbursement for creating new wildlife habitat. Approved conservation practices can include livestock fencing and water quality improvements.

In addition to traditional riparian buffers, participants can now use 15-foot hedgerow buffers along smaller water courses, upstream grass filter strips, and wetland enhancements connected to salmon streams. In addition, orchards, vineyards and berry farms are now eligible for all CREP practices.

Cropland eligible for CREP must have a cropping history of at least four years between 1996 and 2001. Land, except wetlands, must also be adjacent to eligible streams.

Interested producers may contact FSA or the local conservation district about CREP.

Vacancy Announcement

FSA has 2 vacancies for paid interns in a two-year training program. Upon successful completion, the interns will be eligible for farm loan officer positions in Yakima and Ephrata. The position closes **May 17, 2010**. For more information, see the FSA website

http://www.fsa.usda.gov/wa or contact Administrative Officer Jonna Provinsal 509-323-3007.